01/19/2010 09:53

Image# 10930046852

FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

					Office Use On	ıly
1.	NAME OF COMMITTEE (in full)	USE FEC MAILING LABEL OR TYPE OR PRINT	Example:If typ over the lines	ping, type		
	PIEDMONT TRIAD ANESTH	HESIA P A FEDERAL PAC				
				1 1 1 1 1 1		
ΑD	DRESS (number and street)	145 KIMEL PARK DRIVE	SUITE 120	1 1 1 1 1 1 1		
_	Check if different					
L	than previously reported. (ACC)	WINSTON-SALEM		NC NC	27103	
2.	FEC IDENTIFICATION NUM	IBER ♥ CIT	TY 🛕	STAT	EA ZIPO	CODE A
	C00435651		S THIS REPORT	NEW (N) OR	AMENDED (A)	
4.	TYPE OF REPORT (Choose One)	(b) Monthly Report Due On:	20 (M2)	May 20 (M5)	Aug 20 (M8)	Nov 20 (M11) (Non-Election Year Only)
	(a) Quarterly Reports:	Mai	r 20 (M3)	Jun 20 (M6)	Sep 20 (M9)	Dec 20 (M12) (Non-Election Year Only)
	April 15 Quarterly Report(Q1) July 15 Quarterly Report(Q2)	(c) 12-Day	Primary (H	Oct 20 (M10) General (12G) Special (12G)	Jan 31 (YE) Runoff (12R)
	October 15 Quarterly Report(Q January 31 X Quarterly Report(YI	3)			in th	
	July 31 Mid-Year Report(Non-election Year Only) (MY) Termination Report	n (d) 30-Day Post -Election Report for the	General (30G)	Runoff (30R)	Special (30S)
	(TER)	Election	on on		in the Star	te of
5.	Covering Period 0.7	7 01 2009	throug	h 12	31 2009	
l ce	ertify that I have examined this F	Report and to the best of my kn	owledge and belief	it is true, correct and co	omplete.	
Тур	oe or Print Name of Treasurer	Mr. Theodore C. Fyock				
Sig	nature of Treasurer Electron	nically Filed by Mr. Theodore	C. Fyock	Date	01 19	2010
NO	OTE : Submission of false, error	neous, or incomplete informatio	n may subject the p	erson signing this Rep	ort to the penalties of 2	U.S.C 437g.
	Office Use Only				FEC FC (Rev. 12	
FF	6AN026					

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

2/16 FEC Form 3X (Rev. 02/2003)

F	lepor	rt Covering the Period: From:		To: D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
			COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a)	Cash on Hand January 1 2009 Y Y Y		44898.05
	(b)	Cash on Hand at Begining of Reporting Period	64498.05	
	(c)	Total Receipts (from Line 19)	21300.00	42900.00
	(d)	Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	85798.05	87798.05
7.	Tota	al Disbursements (from Line 31)	19025.00	21025.00
8.	Rep	sh on Hand at Close of porting Period Stract Line 7 from Line 6(d))	66773.05	66773.05
9.	the	ots and Obligations owed TO committee (Itemize all on ledule C and/or Schedule D)	0.00	
10.	the	ots and Obligations owed BY committee (Itemize all on needule C and/or Schedule D)	0.00	
		This Committee has qualified as a multicandid	date committee. (see FEC FORM 1M)	

999 E street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) 3 / 16

Write or Type Committee Name

PIEDMONT TRIAD ANESTHESIA P A FEDERAL PAC

Report Covering the Period:

From: 0.7

D D 1

2009

та.

м м 1 2 ^D 31

^Y 2009

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Contributions (other than loans) From: (a) Individuals/Persons Other		
Than Political Committees (i) Itemized (use Schedule A)	21300.00	42900.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	21300.00	42900.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)(d) Total Contributions (add Lines	0.00	0.00
11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	21300.00	42900.00
Transfers From Affiliated/Other Party Committees	0.00	0.00
3. All Loans Received	0.00	0.00
Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
7. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
9. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	21300.00	42900.00
. Total Federal Receipts (subtract Line 18(c) from Line 19)	21300.00	42900.00

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)

of Disbursements

4 / 16

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
1.	Operating Expenditures: (a) Shared Federal/Non-Federal		
	Activity (from Schedule H4)	0.00	0.00
	(i) Federal Share	0.00	0.00
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating	705.00	705.00
	Expenditures	725.00	725.00
	(c) Total Operating Expenditures	705.00	705.00
	(add 21(a)(i), (a)(ii) and (b))	725.00	725.00
2.	Transfers to Affiliated/Other Party	0.00	0.00
3.	Committees Contributions to	0.00	0.00
٠.	Federal Candidates/Committeesand Other Political Committees	3300.00	3300.00
	and Other Political CommitteesIndependent Expenditure	3300.00	3300.00
•	(use Schedule E)	0.00	0.00
	Coordinated Expenditures Made by Party		
	Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
	(use serieulie i)		
	Loan Repayments Made	0.00	0.00
7 .	Loans Made	0.00	0.00
3.	Refunds of Contributions To:		
	(a) Individuals/Persons Other Than Political Committees	0.00	0.00
	That i onton Sommittees		
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees	2.22	0.00
	(such as PACs)	0.00	0.00
	(d) Total Contribution Refunds	0.00	0.00
	(add Lines 28(a), (b), and (c))	0.00	0.00
).	Other Disbursements	15000.00	17000.00
	Fordered Flooring April 19 (O H O O 404 (OO))		
).	Federal Election Activity (2 U.S.C 431(20))		
	(a) Shared Federal Election Activity		
	(from Schedule H6)	0.00	0.00
	(i) Federal Share		
	(ii) "Levin" Share	0.00	0.00
	(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
	(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
١.	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	19025.00	21025.00
_	Total Federal Disbursements		
2.	() () () () () () () () () ()		
2.	(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	19025.00	21025.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) 5 / 16

	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date	
33.	Total Contributions (other than loans) from Line 11(d), page 3)	21300.00	42900.00	
4.	Total Contribution Refunds (from Line 28(d))	0.00	0.00	
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	21300.00	42900.00	
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	725.00	725.00	
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00	
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	725.00	725.00	

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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 16 (check only one) X		
A or	ny information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full)					
	PIEDMONT TRIAD ANESTHESIA P	A FEDERAL	PAC			
_	Full Name (Last, First, Middle Initial) Dr. Terrence Almengual			Date of Receipt		
	Mailing Address 4248 Saddlewood For	rest Drive		12 31 2009		
	City	State	Zip Code	Transaction ID: SA11AI.4366		
	Winston-Salem	NC	27106	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		1200.00		
	Name of Employer Piedmont Triad Anesthesia, PA	Occupation Anesthes		\$200/monthly		
	Receipt For:	Aggregate	e Year-to-Date ▼			
	Primary General Other (specify) ▼	0 0	2400.00			
	Full Name (Last, First, Middle Initial) Dr. Vincent Castellano, III	Date of Receipt				
	Mailing Address 8475 Lismore Street			12 / 31 / 2009		
	City	State	Zip Code	Transaction ID: SA11AI.4367		
	Clemmons	NC	27012	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		1200.00 \$200/monthly		
	Name of Employer Piedmont Triad Anesthesia, PA	Occupation Anesthes		\$200/IIIOHHIIIY		
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	_		
	Other (specify)		2400.00			
	Full Name (Last, First, Middle Initial) Dr. David Colonna			Date of Receipt		
	Mailing Address 387 Cedar Trails			12 31 2009		
	City	State	Zip Code	Transaction ID: SA11Al.4368		
	Winston-Salem	NC	27104	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		900.00		
	Name of Employer Piedmont Triad Anesthesia, P.A	Occupation Anesthes		\$200/monthly		
	Receipt For:	Aggregate	e Year-to-Date ▼			
	Primary General Other (specify) ▼	0 0	2100.00			
_	SUBTOTAL of Receipts This Page (optional) .	1		3300.00		

	ULE A (FEC Form 3X) ED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 16 (check only one) X 11a
or for comn	ation copied from such Reports and S nercial purposes, other than using the DF COMMITTEE (In Full) MONT TRIAD ANESTHESIA P A	name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Nar Dr. Kum Mailing	ne (Last, First, Middle Initial) ar Dongre Address 20425 Staghorn Court	State NC	Zip Code 28031	Date of Receipt 12 31 2009 Transaction ID: SA11AI.4369 Amount of Each Receipt this Period
Name of Piedmon P.A Receipt	f Employer nt Triad Anesthesia,	Occupatio Anesthes Aggregate		\$200/monthly
Dr. Paole	ne (Last, First, Middle Initial) o Flezzani Address 3270 Beroth Road			Date of Receipt 1 2 3 1 2 2 0 0 9
	number of contributing	State NC	Zip Code 27040	Transaction ID: SA11AI.4370 Amount of Each Receipt this Period 1200.00
Name of Piedmond P.A Receipt	f Employer nt Triad Anesthesia, For: rimary General ther (specify)	Occupatio Anesthes		\$200/monthly
Full Nan Dr. Greg Mailing				Date of Receipt
		State NC	Zip Code 27012	Transaction ID: SA11AI.4371 Amount of Each Receipt this Period 1200.00
Name of Piedmon PA Receipt	f Employer nt Triad Anesthesia,	Occupatio Anesthes Aggregate		\$200/monthly
SUBTOTA	AL of Receipts This Page (optional)			3600.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	^)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 16 (check only one)
Any information copied from such Reports ar or for commercial purposes, other than using	on for the purpose of soliciting contributions o solicit contributions from such committee.		
NAME OF COMMITTEE (In Full) PIEDMONT TRIAD ANESTHESIA	P A FEDERAL F	PAC	
Full Name (Last, First, Middle Initial) Dr. George Hertz			Date of Receipt
Mailing Address 4232 Lake Cliffe Dr	rive		12 31 2009
City Clemmons	State NC	Zip Code 27012	Transaction ID: SA11AI.4372
FEC ID number of contributing federal political committee.	C	27012	Amount of Each Receipt this Period 1200.00
Name of Employer Piedmont Triad Anesthesia, PA	Occupation Anesthes		\$200/monthly
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2400.00	
Full Name (Last, First, Middle Initial) Dr. Curtis Johnsrude	Date of Receipt		
Mailing Address 4416 Bent Tree Far	12 31 YYYYY 12 31 2009		
City	State NC	Zip Code	Transaction ID: SA11AI.4373
Winston-Salem FEC ID number of contributing federal political committee.	C	27106	Amount of Each Receipt this Period 1200.00
Name of Employer Piedmont Triad Anesthesia,	Occupation Anesthes		\$200/monthly
PA Receipt For: Primary General Other (specify) ▼	<u> </u>	Year-to-Date ▼ 2400.00	7
Full Name (Last, First, Middle Initial)			
Dr. Daniel Kennedy Mailing Address 4255 Foxbury Cour	†		Date of Receipt 1 2 3 1 2 0 0 9
City	State	Zip Code	Transaction ID: SA11AI.4374
Winston-Salem FEC ID number of contributing federal political committee.	NC C	27104	Amount of Each Receipt this Period 1200.00
Name of Employer Piedmont Triad Anesthesia, PA	Occupation Anesthes	iologist	\$200/monthly
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2400.00	
SUBTOTAL of Receipts This Page (optional			3600.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 16 (check only one) X 11a 11b 11c 12 13 14 15 16			
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) PIEDMONT TRIAD ANESTHESIA P A FEDERAL PAC					
Full Name (Last, First, Middle Initial) Dr. Frederick Alan Koontz Mailing Address 4246 Allistair Road City Winston-Salem FEC ID number of contributing federal political committee. Name of Employer Piedmont Triad Anesthesia, P.A. Receipt For: Primary General Other (specify)	State Zip Code NC 27104 C Occupation Anesthesiologist Aggregate Year-to-Date ▼ 2400.00	Date of Receipt M M 3 1			
Full Name (Last, First, Middle Initial) Dr. Joseph McConville Mailing Address 3120 Millhaven Lake City Winston-Salem FEC ID number of contributing federal political committee. Name of Employer Piedmont Triad Anesthesia, PA Receipt For: Primary General Other (specify)	Drive State Zip Code NC 27106 C Occupation Anesthesiologist Aggregate Year-to-Date 2400.00	Date of Receipt M M M			
Full Name (Last, First, Middle Initial) Dr. Joseph Middleton Mailing Address 1901 Buena Vista Ro City Winston-Salem FEC ID number of contributing federal political committee. Name of Employer Piedmont Triad Anesthesia, PA Receipt For: Primary General Other (specify)	State Zip Code NC 27104 C Occupation Anesthesiologist Aggregate Year-to-Date 2400.00	Date of Receipt M M M			
SUBTOTAL of Receipts This Page (optional)		3600.00			

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 16 (check only one) X
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) PIEDMONT TRIAD ANESTHESIA F	d Statements may not be sold or used by any per the name and address of any political committee	
Full Name (Last, First, Middle Initial) Dr. Suresh Penkar Mailing Address 4206 Garden Spring City Clemmons FEC ID number of contributing federal political committee. Name of Employer Piedmont Triad Anesthesia, PA Receipt For: Primary General Other (specify)	g Road State Zip Code NC 27012 C Occupation Anesthesiologist Aggregate Year-to-Date ▼ 2400.00	Date of Receipt 1 2 3 1 2 0 0 9 Transaction ID: SA11AI.4378 Amount of Each Receipt this Period 1200.00 \$200/monthly
Full Name (Last, First, Middle Initial) Charles Derek Reid Mailing Address 2145 Cherrywood D City Clemmons FEC ID number of contributing federal political committee. Name of Employer Piedmont Triad Anesthesia, PA Receipt For: Primary General Other (specify)	Orive State Zip Code NC 27012 C Occupation Anesthesiologist Aggregate Year-to-Date 2400.00	Date of Receipt M M J Z Z D D Z Z D D Z Z D D D Z Z D D D Z Z D D D Z Z D D D Z D Z D D Z D D Z D D D Z D D D Z D D D D Z D D D D D Z D
Full Name (Last, First, Middle Initial) Dr. Michael Scannell Mailing Address 2185 Knight Road City Kernersville FEC ID number of contributing federal political committee. Name of Employer Piedmont Triad Anesthesia, PA Receipt For: Primary General Other (specify)	State Zip Code NC 27284 C Occupation Anesthesiologist Aggregate Year-to-Date ▼	Date of Receipt M M M / 31 / 2009 Transaction ID: SA11AI.4380 Amount of Each Receipt this Period 1200.00 \$200/monthly
SUBTOTAL of Receipts This Page (optional	l)	3600.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 16 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) PIEDMONT TRIAD ANESTHESIA P A	name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Benzion Schkolne Mailing Address 300 Beechcliff Court City Winston-Salem FEC ID number of contributing federal political committee. Name of Employer Piedmont Triad Anesthesia, PA Receipt For: Primary General Other (specify)	State Zip Code NC 27104 C Occupation Anesthesiologist Aggregate Year-to-Date 2400.00	Date of Receipt M M
Full Name (Last, First, Middle Initial) Dr. Ronald Waterer Mailing Address 689 Lichfield Drive City Winston-Salem FEC ID number of contributing federal political committee. Name of Employer Piedmont Triad Anesthesia, PA Receipt For: Primary General Other (specify)	State Zip Code NC 27104 C Occupation Anesthesiologist Aggregate Year-to-Date 2400.00	Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr. Daniel Winters Mailing Address 4180 Dimholt Court City Winston-Salem FEC ID number of contributing federal political committee. Name of Employer Piedmont Triad Anesthesia, PA Receipt For: Primary General Other (specify)	State Zip Code NC 27104 C Occupation Anesthesiologist Aggregate Year-to-Date 2400.00	Date of Receipt M
SUBTOTAL of Receipts This Page (optional)	·····	3600.00
TOTAL This Period (last page this line number	only)	21300.00

Image# 10930046863

State:

A.

SCHEDULE B (FEC Form 3X)

District:

FOR LINE NUMBER: PAGE 12/16 Use separate schedule(s) (check only one) ITEMIZED DISBURSEMENTS for each category of the Detailed Summary Page 21b 22 23 26 27 28a 28b 29 30b Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (In Full) PIEDMONT TRIAD ANESTHESIA P A FEDERAL PAC Full Name (Last, First, Middle Initial) Transaction ID: SB21B.4342 SHARRARD, MCGEE & CO., P.A. Date of Disbursement 13 o[™] 7 2009 Mailing Address P.O. BOX 5869 City State Zip Code Amount of Each Disbursement this Period HIGH POINT NC 27262 725.00 Purpose of Disbursement Accounting fees for Form 990 001 Candidate Name Category/ Type Office Sought: Disbursement For: House General Senate Primary President Other (specify)

SUBTOTAL of Disbursements This Page (optional)	•	725.00
TOTAL This Period (last page this line number only)	•	725.00

A.

В.

SCHEDULE B (FEC Form 3X)	Use separate schedule(s) Use separate schedule(s) (check only one)				PAGE 13/16	
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 28a 28		25 26 29 30b	
Any Information copied from such Reports and Stater or for commercial purposes, other than using the name						
NAME OF COMMITTEE (In Full) PIEDMONT TRIAD ANESTHESIA P A FE	DERAL PAC					
Full Name (Last, First, Middle Initial) LONGLEAF PINE PAC			Date of Disbu			
Mailing Address 703 GREEN VALLEY Re	DAD SUITE 201		07 M	15 / Y	Ž 0 Ŏ 9 Š	
City GREENSBORO	State Zip Code NC 27408		Amount of Ea	ach Disburseme		
Purpose of Disbursement CONTRIBUTION		011		2	2300.00	
Candidate Name LONGLEAF PINE PAC		Category/ Type				
° 🗎 –	ement For: 2009 Primary General Other (specify)					
Full Name (Last, First, Middle Initial)			Transaction	ID: SB23.43	 359	
THE RICHARD BURR COMMITTEE			Date of Disbu		Y Y Y	
Mailing Address P.O. BOX 5928			11	D 0 9 / Y	Ž 0 0 9 °	
City WINSTON-SALEM	State Zip Code NC 27113-5928		Amount of Ea	ach Disburseme		
Purpose of Disbursement CONTRIBUTION		011		1	000.00	
Candidate Name		Category/ Type				
	ement For: 2010 Primary General Other (specify)					

SUBTOTAL of Disbursements This Page (optional)	•	3300.00
TOTAL This Period (last page this line number only)	—	3300.00

State: NC

District:

Amy Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions from such committee to solicit contributions from such committ			rate schedule(s)	FOR LINE (check only	NUMBER: PAGE 14/16
NAME OF COMMITTEE (In Full) PIEDMONT TRIAD ANESTHESIA P A FEDERAL PAC Full Name (Last, First, Middle Initial) ALMA ADAMS CAMPAIGN Mailing Address P.O. BOX 21092 City Candidate Name ALMA ADAMS CAMPAIGN Office Sought: X House President State: NC District: Full Name (Last, First, Middle Initial) CAMPAIGN TO ELECT BRUCE GOFORTH Mailing Address 115 STONECREST DRIVE City Strate Zip Code NC 27401 Amount of Each Disbursement this Perior Transaction ID: S829.4354 Date of Disbursement this Perior Amount of Each Disbursement this Perior Amount of Each Disbursement this Perior Transaction ID: S829.4365 Date of Disbursement Transaction ID: S829.4365 Date of Disbursement this Perior Transaction ID: S829.4365 Date of Disbursement Transaction ID: S829.4365 Date of Disbursement Transaction ID: S829.4365 Date of Disbursement this Perior Transaction ID: S829.4365 Date of Disbursement Transaction ID: S829.4365 Date of Disburseme	TEMIZED DISBURSEMENTS			21b	22 23 24 25 2
NAME OF COMMITTEE (In Full) PIEDMONT TRIAD ANESTHESIA P A FEDERAL PAC Full Name (Last, First, Middle Initial) ALMA ADAMS CAMPAIGN Mailing Address P.O. BOX 21092 City State Zip Code REENSBORO NC 27401 Purpose of Disbursement CONTRIBUTION Candidate Name ALMA ADAMS CAMPAIGN Office Sought: X House President State: NC District: Full Name (Last, First, Middle Initial) CAMPAIGN TO ELECT BRUCE GOFORTH Mailing Address P.O. BOX 87047 City State: NC District: Full Name (Last, First, Middle Initial) COMMITTEE TO ELECT BRUCE GOFORTH Mailing Address 115 STONECREST DRIVE City State: NC District: Full Name (Last, First, Middle Initial) COMMITTEE TO ELECT BRUCE GOFORTH Office Sought: X House Senate Primary General Other (specify) ▼ Transaction ID: SB29.4354 Amount of Each Disbursement this Perior Disbursement this Perior Committee of Disbursement Contribution Committee of Disbursement Contribution Committee of Disbursement Committee of Disbu					
ALMA ADAMS CAMPAIGN Mailing Address P.O. BOX 21092 City	NAME OF COMMITTEE (In Full)				
City GREENSBORO					Date of Disbursement
GRENSBORO NC 27401 Purpose of Disbursement CONTRIBUTION Candidate Name ALMA ADAMS CAMPAIGN Office Sought:	Mailing Address P.O. BOX 21092				$\begin{bmatrix} 10 \\ 10 \end{bmatrix} \begin{bmatrix} 12 \\ 12 \end{bmatrix} \begin{bmatrix} 12 \\ 2009 \end{bmatrix}$
CONTRIBUTION Candidate Name ALMA ADAMS CAMPAIGN Office Sought:					Amount of Each Disbursement this Period
ALMA ADAMS CAMPAIGN Office Sought:	CONTRIBUTION				2000.00
Senate Primary General Other (specify) ▼ State: NC District: Full Name (Last, First, Middle Initial) CAMPAIGN TO ELECT ERIC L MANSFIELD Mailing Address P.O. BOX 87047 City State Zip Code NC 28304-7047 Purpose of Disbursement CONTRIBUTION Candidate Name Office Sought: X House Primary General Other (specify) ▼ City President Disbursement For: Senate President Disbursement To 28803 COMMITTEE TO ELECT BRUCE GOFORTH Office Sought: X State Zip Code Primary General Disbursement To 28803 Amount of Each Disbursement This Period Type Transaction ID: SB29.4365 Date of Disbursement this Period Category/ Type Transaction ID: SB29.4357 Date of Disbursement In	ALMA ADAMS CAMPAIGN			0 ,	
Full Name (Last, First, Middle Initial) CAMPAIGN TO ELECT ERIC L MANSFIELD Mailing Address P.O. BOX 87047 City State Zip Code PAYETTEVILLE NC 28304-7047 Purpose of Disbursement CONTRIBUTION Candidate Name Office Sought: X House Primary General President State: NC District: Full Name (Last, First, Middle Initial) COMMITTEE TO ELECT BRUCE GOFORTH City State Zip Code Primary General Other (specify) ▼ City State Zip Code Primary General Other (specify) ▼ Transaction ID: SB29.4365 Date of Disbursement this Period Amount of Each Disbursement this Period Transaction ID: SB29.4357 Date of Disbursement Transaction ID: SB29.4357 Date of Disbursement ID: SB29.4357	Senate President	Primary			
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ITEMIZ	•		parate schedule(s)	(check onli	NUMBER: PAGE 15 / 16
	ED DISBURSEMEN	Detailed	category of the Summary Page	21b 27	22 23 24 25 28a 28b 28c X 29
or for comm		sing the name and addre	ess of any political		for the purpose of soliciting contributions olicit contributions from such committee
	me (Last, First, Middle Initial)				Transaction ID: SB29.4364 Date of Disbursement
	Address P.O. BOX 809				M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
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SCHEDULE B (FEC Form 3X)		3X) Use separate schedule(s)		NUMBER: PAGE 16 / 16
ITEMIZ	ED DISBURSEMEN	for each category of the Detailed Summary Page	(check onl)	22 23 24 25 26 28a 28b 28c X 29 30b
		s and Statements may not be sold or used ing the name and address of any political		
\	OF COMMITTEE (In Full) MONT TRIAD ANESTHES	IA P A FEDERAL PAC		
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	IGH se of Disbursement RIBUTION	State Zip Code NC 27611	044	Amount of Each Disbursement this Period 4000.00
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SUBTOTAL of Disbursements This Page (optional)	•	4000.00
TOTAL This Period (last page this line number only)	<u> </u>	15000.00